

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040701

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 52

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 25 1963

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JACKSON TWP.</b>		c. CITY OR TOWN <b>JACKSON TWP.</b>	
Length of stay in 1b <b>52 YRS.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 M.I.S.W.O.F. PARIS, MO.</b>		d. STREET ADDRESS (If outside, give location) <b>4 M.I.S.W.O.F. PARIS MO.</b>	
3. NAME OF DECEASED (Type or print) <b>CLARENCE - SPIRES</b>		4. DATE OF DEATH <b>OCT. 21, 1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/22/1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GENERAL FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL FARMING</b>	
13a. FATHER'S NAME <b>GEO. W. SPIRES</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. EDDENS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>NO</b>		16. SOCIAL SECURITY NO. <b>BLANCHE SPIRES PARIS, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured femur</b> DUE TO (b) <b>Fractured femur</b> DUE TO (c) <b>Fractured femur</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>PARIS, MO.</b>	
21. I attended the deceased from <b>10/21/63</b> to <b>10/21/63</b> and last saw him alive on <b>10/20/63</b> Death occurred at <b>3: p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>[Signature]</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>OCT. 23, 1963</b>	
23c. LOCATION (City, town, or county) <b>WALNUT GROVE CEM. PARIS, MO.</b>		23d. LOCATION (City, town, or county) <b>PARIS, MO.</b>	
24. FUNERAL DIRECTOR <b>E. H. AGNEW</b>		25. DATE RECD. BY LOCAL REG. <b>10-21-63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		22c. DATE SIGNED <b>10/21/63</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0690

2 0690

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12 90-0

13 2-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *E. M. Opnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.